



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT
PRESIDENT

RENÉE CAMPBELL
VICE-PRESIDENT

SARA VASQUEZ
SECRETARY

JAMES BARGER
COMMISSIONER

SHAN LEE
COMMISSIONER

July 30, 2014

Paul Astin
Manzanita School & Institute
1717 Old Topanga Canyon Road
Topanga, CA 90290

HEARING ON APPLICATION FOR PRIVATE SCHOOL **BUSINESS LICENSE ID #141089**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, August 13, 2014 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :XX XXXX

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....XXXXXXX
2ND PUBLISHING DATE:.....XXXXXXX
3RD PUBLISHING DATE:.....XXXXXXX

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

PRIVATE SCHOOL

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....1717 OLD TOPANGA CYN RD.
TOPANGA, CA 90290
NAME OF APPLICANT:.....MANZANITA SCHOOL & INSTITUTE/
PAUL ASTIN
DATE OF HEARING:.....08/13/2014
TIME OF HEARING:.....09:00 A.M.

“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO”

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **PRIVATE SCHOOL**

ADDRESS OF BUSINESS: **1717 OLD TOPANGA CYN RD, TOPANGA, CA 90290**

TELEPHONE: **(310) 455-9700**

OWNER OF BUSINESS: **MANZANITA SCHOOL AND INSTITUTE**

CAL. DR. LIC# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MANZANITA SCHOOL AND INSTITUTE**

MAILING ADDRESS: **1717 OLD TOPANGA CYN RD, TOPANGA, CA 90290**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	05/05/14	dmiles
<input checked="" type="checkbox"/> 4. Fire Department	YES	07/11/14	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	07/03/14	tchen
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	05/06/14	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	01/27/14	dmiles
<input type="checkbox"/> 10. Weights and Measures			
<input type="checkbox"/> 11. Publishing			
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	03/04/14	dmiles

Conditions:



Los Angeles County Treasurer and Tax Collector

Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 141089

BUSINESS INFORMATION

Type of Business: <u>Private School</u>	Address of Business: <u>1717 Old Topanga Cyn Rd, Topanga, CA 90290</u>	
DBA (Business Name): <u>Manzanita School And Institute</u>	Business Telephone: <u>310-455-9700</u>	
Sellers Permit # (State Board of Equalization):	Mailing Address: <u>1717 Old Topanga Cyn Road, Topanga, CA 90290</u>	
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>12/19/13</u>	Incorporated in the State of: <u>California</u>	
Exact Corporate Name:		
Names of Officers	Addresses	Titles
<u>Paul Astin</u>		<u>Executive Director</u>
<u>Gabriel Brady</u>		<u>Secretary</u>
<u>Cecilie Stuart</u>		<u>Treasurer</u>
<u>Jo Ann Isken</u>		<u>Chairperson</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>Paul Astin</u>		
Home Address:		
Home Telephone:	Cell Phone: <u>Δ</u>	Email address:
Social Security #:	Date of Birth:	Place of Birth:
Driver's License or State ID#:		Expiration Date: <u>1/1/14</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height:	Weight:
Hair Color:		Eye Color:

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 2/3/14 Applicant's Signature: Paul Astin / [Signature]

Application taken by: [Signature] Date: 2/3/14

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

Printed 2/3/2014

Revised 7-15-2013

CERTIFICATION OF LOBBYIST REQUIREMENT

Each person or entity who applies for a county contract, permit, grant, license or franchise shall, as a part of the application for such contract, permit, grant, license or franchise, certify that the applicant is familiar with the requirements of this chapter, and that all persons acting on behalf of the applicant have complied therewith and will continue to comply therewith throughout the application process. A person or entity who seeks a contract, permit, grant, license or franchise from the county shall be disqualified therefrom if any lobbyist, lobbying firm lobbyist employer or other person or entity acting on behalf of the person or entity seeking the contract, permit, grant, license or franchise fails to comply with the provisions of this chapter.

Please submit the certification below with your application for a County Business License.

The applicant certifies that:

1. I am familiar with the requirements of the County of Los Angeles Lobbyist Ordinance, Los Angeles County Code Chapter 2.160
2. All persons acting on behalf of the applicant have complied and will comply with the Lobbyist Ordinances; and
3. The applicant is not on the County Executive Office's List of Terminated Registered Lobbyists.

Applicant's Signature

Applicant's Name

Lobbyist Name

(Applies to lobbyist, lobbying firms, and lobbyist employers)

Lobbyist Address

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: PRIVATE SCHOOL

ADDRESS OF BUSINESS: 1717 OLD TOPANGA CYN RD, TOPANGA, CA 90290

TELEPHONE:

OWNER OF BUSINESS: MANZANITA SCHOOL AND INSTITUTE

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MANZANITA SCHOOL AND INSTITUTE

MAILING ADDRESS: 1717 OLD TOPANGA CYN RD, TOPANGA, CA 90290

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: Owner/applicant is approved to use
permitted buildings for their permitted use

SIGNATURE: 

DATE: 5-5-14



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: PRIVATE SCHOOL

ADDRESS OF BUSINESS: 1717 OLD TOPANGA CYN RD, TOPANGA, CA 90290

TELEPHONE: (310) 455-9700

OWNER OF BUSINESS: MANZANITA SCHOOL AND INSTITUTE

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MANZANITA SCHOOL AND INSTITUTE

MAILING ADDRESS: 1717 OLD TOPANGA CYN RD, TOPANGA, CA 90290

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

COUNTY OF LOS ANGELES
FIRE DEPARTMENT
FIRE PREVENTION DIVISION
APPROVED

By Bob Kelley Date 7/11/14
SCHOOLS / INSTITUTIONS UNIT
☒ Subject to Field Inspection approval

The stamping of this plan and specific
SHALL NOT be held to permit or
approval of the violation of any
any County/City Ordinance or State

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: This facility meets all Fire Dept.
requirements.

SIGNATURE: Bob Kelley

DATE: 7/11/14

BASIC LICENSE NO. 0622

DATE 07/11/14

IDENTIFICATION NUMBER 141089



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: PRIVATE SCHOOL

ADDRESS OF BUSINESS: 1717 OLD TOPANGA CYN RD, TOPANGA, CA 90290

TELEPHONE: (310) 455-9700

OWNER OF BUSINESS: MANZANITA SCHOOL AND INSTITUTE

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MANZANITA SCHOOL AND INSTITUTE

MAILING ADDRESS: 1717 OLD TOPANGA CYN RD, TOPANGA, CA 90290

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

Paul Wong

DATE:

7-3-2014

BASIC LICENSE NO. 0622

DATE 07/03/14

IDENTIFICATION NUMBER 141089

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **PRIVATE SCHOOL**

ADDRESS OF BUSINESS: **1717 OLD TOPANGA CYN RD, TOPANGA, CA 90290**

TELEPHONE: ()

OWNER OF BUSINESS: **MANZANITA SCHOOL AND INSTITUTE**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MANZANITA SCHOOL AND INSTITUTE**

MAILING ADDRESS: **1717 OLD TOPANGA CYN RD, TOPANGA, CA 90290**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

TREASURER & TAX COLLECTOR

LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

RBUS/RFBUS
\$361

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 100
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: \$361.00

TELEPHONE: (213) 974-2011
FAX: (213) 633-5427

DATE: Jan 7, 2014

ID#:

141089

TYPE OF BUSINESS AND CODE: Private School

BUSINESS ADDRESS: 1717 Old Topanga Cyn Rd
CITY: Topanga, CA 90290 APN#: 4436-005-004
NAME OF OWNER: Michael Glick

D.B.A./NAME OF BUSINESS: Manzanita School + Institute PHONE#: 1
MAILING ADDRESS: CELL PHONE#:

E-mail ADDRESS: annu@idkconsulting.com

To be completed by Regional Planning

Existing Use: New () Renewal (X)

Cell Phone#

Use permitted in zone YES Zone: A-1-10

APPROVED YES

Remarks:

Approval of conditional use permit number CUP96184 authorized "Cali Camp" facility which includes private elementary school, summer youth day camp and commercial recreational facilities. The CUP will expire on May 7, 2022.

Signature:



Daniel Fierros

Date: 1/14/2014

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET,
HALL OF RECORDS
LOS ANGELES, CALIFORNIA 90012

THIS IS ONLY A BUSINESS LICENSE REFERRAL AND AN APPROVAL DOES NOT CONSTITUTE A BUSINESS LICENSE. YOU MUST RETURN REFERRAL TO THE TREASURER AND TAX COLLECTOR TO CONTINUE THE BUSINESS LICENSE APPLICATION PROCESS. (IF ANY QUESTIONS, PLEASE CALL 213/974-2011).

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: PRIVATE SCHOOL

ADDRESS OF BUSINESS: 1717 OLD TOPANGA CYN RD, TOPANGA, CA 90290

TELEPHONE:

OWNER OF BUSINESS: MANZANITA SCHOOL AND INSTITUTE

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED: ASTIN, PAUL

FICTITIOUS NAME: MANZANITA SCHOOL AND INSTITUTE

MAILING ADDRESS: 1717 OLD TOPANGA CYN RD, TOPANGA, CA 90290

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:



DATE: 3-4-14